## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 101582,741 APPLICANT(S) FILING DATE

6-13-06

**CLAIMS** 

IND.   DEP.   IND.   DEP.   S.   S.   S.   S.   S.   S.   S.		AS FILED		AFTER I AMENDMENT		AFTER 2 MAMENDMENT	
2		IND.	DEP.				
3							
54   55   56   57   58   59   59   10   60   61   11   12   12   12   13   14   14   15   15   16   66   67   77   71   71   71   71							
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